

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9018</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>RICHARD TAMBORSKI</u> P O Box Bldg Room No if any Street <u>1456 W ADAMS</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	4 Name file number and address of labor organization Name <u>PAINTERS DISTRICT COUNCIL NO 14</u> Labor Organization File Number <u>032-375</u> P O Box Building and Room Number if any Street <u>1456 W ADAMS STREET</u> City <u>CHICAGO</u> State <u>Illinois</u> ZIP Code + 4 <u>60607</u>
5 Position in labor organization <u>BUS. REP</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

R. Tamborski

On

7-14-05

Date

312 421-0046

Telephone Number

Name of Person Filing RICHARD TAMBORSKI	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name ARNOLD AND KADJAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No If any</p> <p>Street 19 W JACKSON</p> <p>City CHICAGO</p> <p>State IL ZIP Code + 4 606043958</p>	<p>9 Business deals with</p> <p>a Labor Organization <input checked="" type="checkbox"/></p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No If any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>HOLIDAY PARTY AND GIFT</p> <p>11 b Approximate dollar value of such dealing \$ 417.00</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No If any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing RICHARD TAMBORSKI	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name PDCA Trade Name if any P O Box Bldg Room No if any Street 35530 MIGNIN DR City WARRENVILLE State IL ZIP Code + 4 60555	9 Business deals with a Labor Organization X b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing GENERAL MEMBERSHIP MEETING 11 b Approximate dollar value of such dealing \$ 60⁰⁰ 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing	RICHARD TAMBORSKI	File Number U-
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8 Name and address of Business (including trade name if any) Name Trade Name if any IFEBP P O Box Bldg Room No If any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust X c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any OBA MIDWEST P O Box Bldg Room No If any Street 1000 BURR RIDGE PKWY SUITE 200 City BURR RIDGE State IL ZIP Code + 4 60527	11 a Nature of such dealing EDUCATIONAL CONFERENCE 11 b Approximate dollar value of such dealing \$ 2215.00 12 a Nature of interest held or income received 12 b Amount.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	14 a Nature of payment.	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

ADDENDUM TO 2004 FORM LM 30

The transactions, dealings and interests that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1 2004 to December 31 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction dealing or interest that should have been reported for the period January 1, 2004 to December 31 2004, I will file an amended Form LM 30.

A handwritten signature in black ink, appearing to read "Richard L. Smith", written over a horizontal line.

Signature

7-14-05

Date

Name of Person Filing RICHARD TAMBORSKI	File Number U-
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name BLUE CROSS BLUE SHIELD</p> <p>Trade Name if any:</p> <p>P O Box Bldg Room No if any</p> <p>Street 500 E RANDOLPH</p> <p>City CHILAGO</p> <p>State IL ZIP Code + 4 60601 5099</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any:</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>HOLIDAY PARTY ST PATS LUNCHEON</p> <p>11 b Approximate dollar value of such dealing 52 00</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>